

City of Torrance Community Services Department (310) 618-2838 www.TorranceCA.Gov "Creating and Enriching Community Through People, Programs and Partnerships"

Activity Adult Softball	Year 2012 SUMMER League Day	y			
Team Name	Manager's Name	Phone #			
		By my signature on this roster, I acknowledge and understand			
		. I am participating in said sport with full knowledge and			
acc	ceptance of said risk, and release the City liab	oility in case of accident or injury.			
**Please print legibly and each player must add their shirt size. (M. L. XL. XXL. XXXL)					

Printed Name	Signature	Shirt Size	Address, City, Zip Code	Phone Number
1.				Home:
				Work:
2.				Home:
				Work:
3.				Home:
				Work:
4.				Home:
				Work:
5.				Home:
				Work:
6.				Home:
				Work:
7.				Home:
				Work:
8.				Home:
				Work:
9.				Home:
				Work:
10.				Home:
				Work:
11.				Home:
				Work:
12.				Home:
				Work:
13.				Home:
				Work:
14.				Home:
				Work:
15.				Home:
				Work:





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Activity Adult Softball	Year 2012 SUMMER League Day		
Team Name	Manager's Name	Phone #	
The following statement is to be	e read by each player before signing roster: By my signa	ature on this roster, I acknowledge and ur	ndersta

and that this sport entails some risk to the safety of my person and property. I am participating in said sport with full knowledge and acceptance of said risk, and release the City liability in case of accident or injury.

**Please print legibly and each player must add their shirt size. (M, L, XL, XXL, XXXL)

Printed Name	Signature	Shirt Size	Address, City, Zip Code	Phone Number
16.				Home:
				Work:
17.				Home:
				Work:
18.				Home:
				Work:
19.				Home:
				Work:
20.				Home:
				Work:
21.				Home:
				Work:
22.				Home:
				Work:
23.				Home:
				Work:
24.				Home:
				Work:
25.				Home:
				Work:
26.				Home:
				Work:
27.				Home:
				Work:
28.				Home:
				Work:
29.				Home:
				Work:
30.				Home:
				Work:

